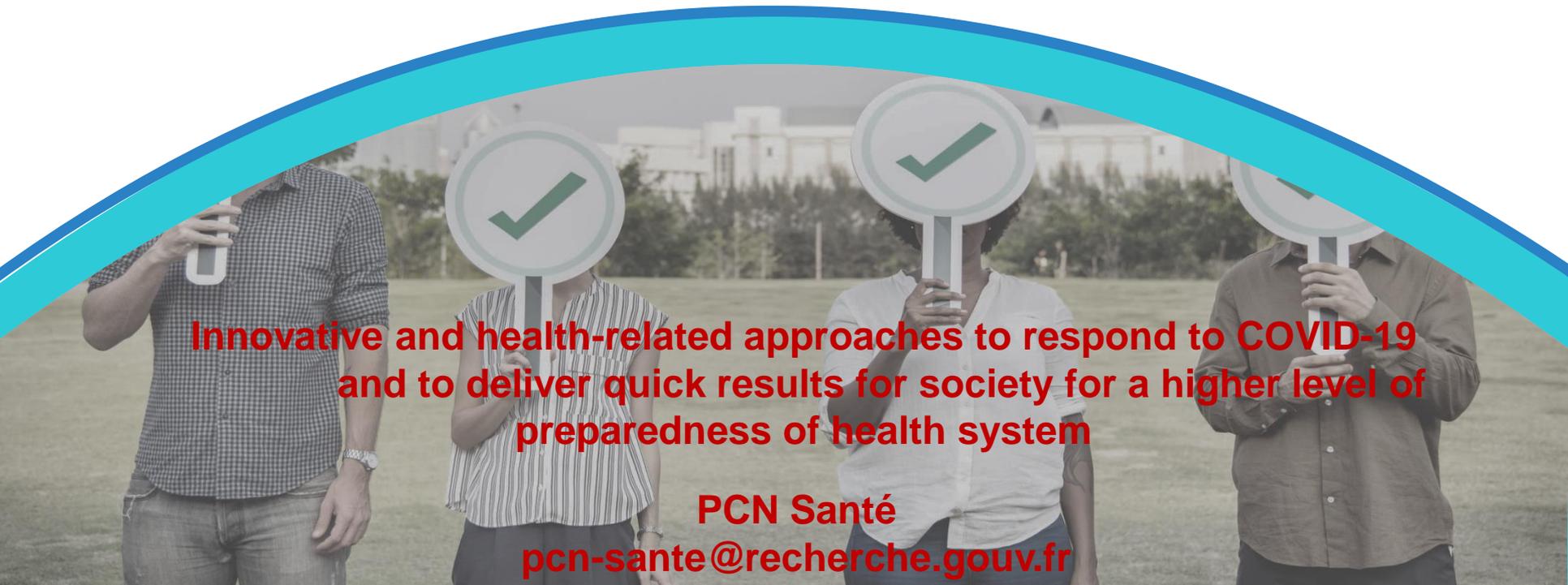


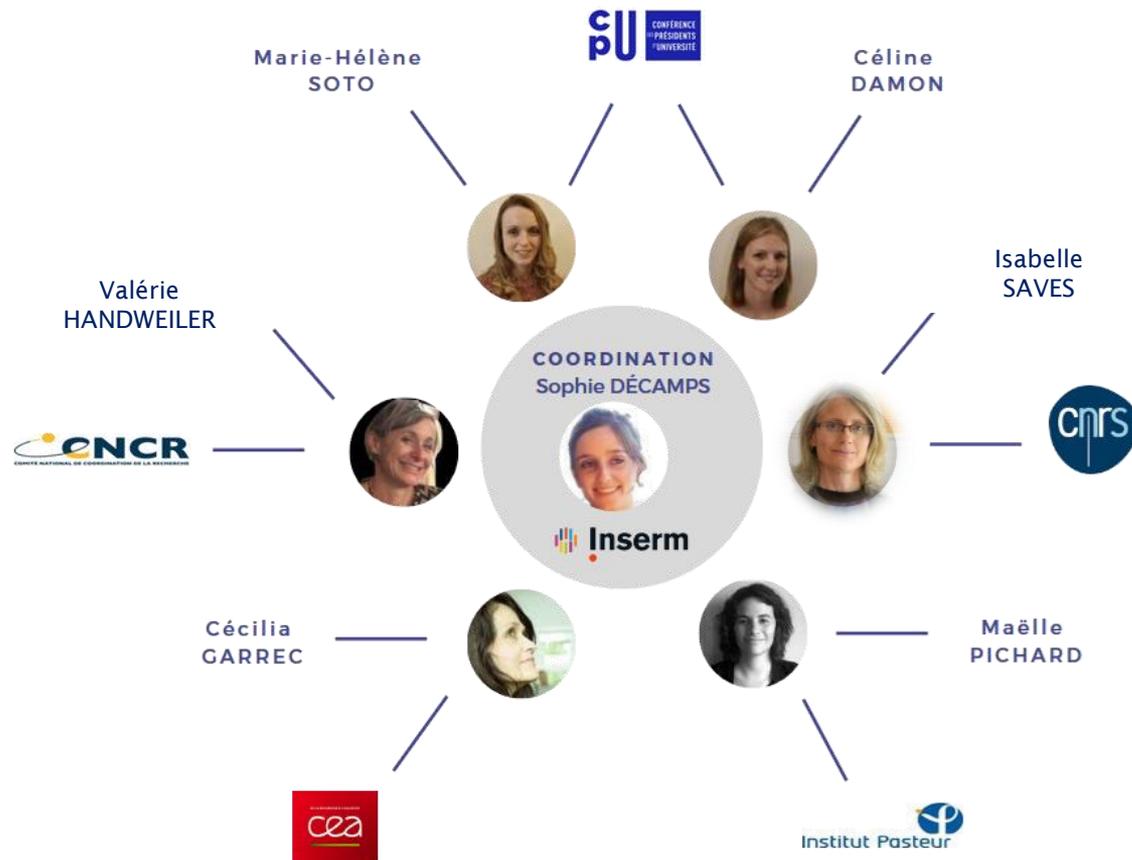
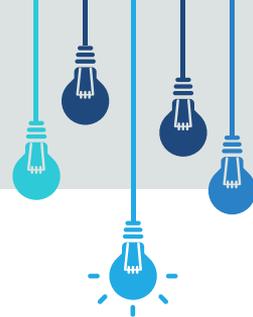
Second call for Expression of Interest (Eoi) to respond to coronavirus



**Innovative and health-related approaches to respond to COVID-19
and to deliver quick results for society for a higher level of
preparedness of health system**

PCN Santé
pcn-sante@recherche.gouv.fr

PCN Santé, évolution démographique et bien-être



aviesan
alliance nationale
pour les sciences de la vie et de la santé

	MINISTÈRE DE L'ENSEIGNEMENT SUPÉRIEUR, DE LA RECHERCHE ET DE L'INNOVATION
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*Représentante au Comité
de Programme*

Règles de participation



Consortium: Minimum 3 entités légales de 3 Etats-membres ou Etats associés différents

Toute entité légale peut participer

Entités légales financées : établies dans les Etats-membres ou Etats associés

Pour les Etats tiers : Certains pays sont financés (voir liste) – ou leur participation est expressément prévue dans le programme de travail



Coopération Internationale : Politique de la CE



Toutes les lignes d'appel sont ouvertes à la coopération internationale



Contribution financière de la C.E pour le Défi Santé :

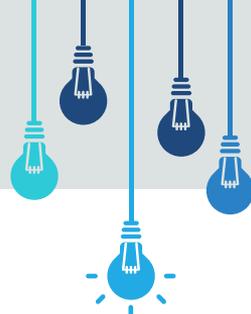
28 Etats-Membres, 16 Etats-Associés, 124 Pays-Tiers



Pour les autres Pays-Tiers, pas de financement de la CE

→ **Mécanismes de co-financement existants pour certain pays:** Australie, Brésil, Canada, Chine, Honk-Kong&Macau, Inde, Japon, Corée, Mexique, Russie, Taiwan

Différents types d'actions et taux de financement



RIA - Research and Innovation Actions

→ recherche fondamentale et appliquée, développement et l'intégration de technologie, essais et validation d'un prototype à petite échelle dans un laboratoire ou un environnement simulé

Taux de financement européen 100%

IA - Innovation Actions

→ prototypage, essais, démonstration ou pilotes, validation du produit à grande échelle, première commercialisation. Les projets peuvent inclure des activités limitées de recherche et de développement

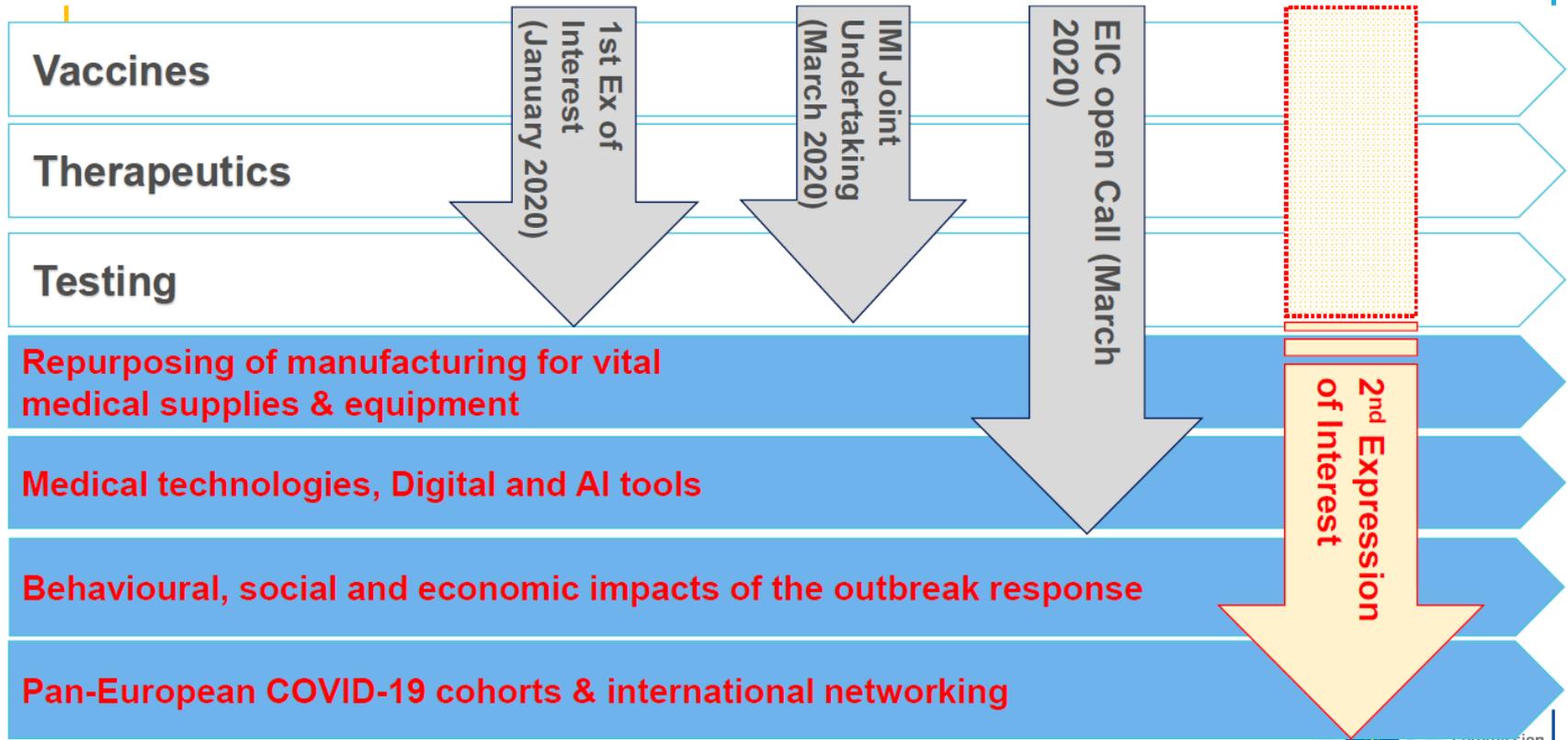
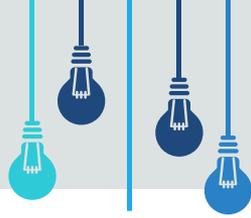
Taux de financement européen 70% pour les entités à but lucratif et 100% des coûts totaux

CSA - Coordination and Support Actions

→ études de design pour de nouvelles infrastructures, activités complémentaires de planning stratégique, mise en réseau et la coordination entre programmes dans différents pays

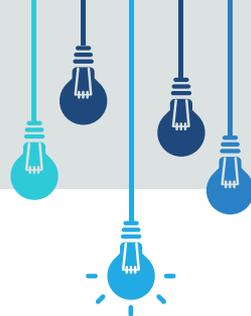
Taux de financement européen 100%

Research action Vs Coronavirus : main H2020 funding till now



In addition: support for data sharing and infrastructures and for EU-wide clinical trials

Appels à projets



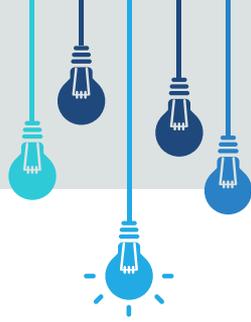
Date d'ouverture de l'appel à projet : 19 mai 2020

Date limite de soumission : **11 juin 2020 – 17h00**

Budget total : 122 M€

- SC1-PHE-CORONAVIRUS-2020-2A : Repurposing of manufacturing for vital medical supplies and equipment
- SC1-PHE-CORONAVIRUS-2020-2B : Medical technologies, Digital Tools and Artificial Intelligence analytics to improve surveillance and care at high Technology Readiness Levels
- SC1-PHE-CORONAVIRUS-2020-2C : Behavioural, social and economic impacts of the outbreak response
- SC1-PHE-CORONAVIRUS-2020-2D : Pan-European COVID-19 cohorts united against the pandemics
- SC1-PHE-CORONAVIRUS-2020-2E : Networking of existing EU and international cohorts of relevance to COVID-19

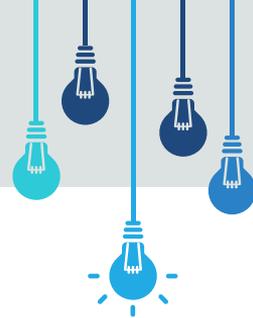
Conditions Générales



Toutes les propositions devront comporter les aspects suivants :

- **Critical social factors** intersecting with sex/gender, such age, social origin, ethnicity/migration and disability
- **Not to develop new diagnostics**, therapeutics or vaccine compounds or solutions, but rather to complete and deploy readily available solutions
- **Open for international cooperation** with legal entities from third countries, and/or regions including those not automatically eligible for funding
- **Open access** : beneficiaries must make research data accessible and re-usable
- **Data Management Plan** : included preferably in proposal and latest before the signature of the grant agreement
- **Exploitation obligation** : to ensure rapid availability and accessibility of results at fair conditions. This includes obligation to license on a non-exclusive basis and at fair and reasonable conditions

SC1-PHE-CORONAVIRUS-2A : Repurposing of manufacturing for vital medical supplies and equipment

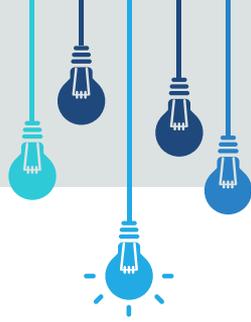


Scope

Type d'action : Innovation action
Budget par projet : 5 à 6 M€
Budget total : 23 M€
Nombre de projets financés : 3 à 5 projets

- re-orientation and repurposing of production capacities to meet urgent needs
 - repurposing, adaptation and ramp-up of production lines to quickly adjust to new and urgent production needs, notably medical equipment, diagnostic technologies already deployed based on advanced materials and/or biotechnologies, as well as service systems and automated systems of disinfection,
 - Demonstrate flexibility models for the supply chain for the repurposing of production lines and proper risk management in case of disruption of supply chains,
 - Automation technologies that are less dependent on work force present in factories, certification/ calibration/ accreditation of production lines that have been repurposed or restarted after a shutdown,
 - Qualification of operators/technicians for new/repurposed production lines.

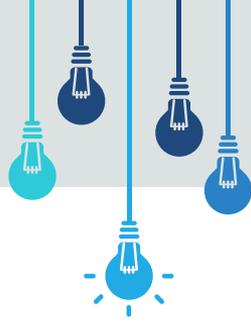
SC1-PHE-CORONAVIRUS-2A : Repurposing of manufacturing for vital medical supplies and equipment



Expected Impact

- To foster industry's adaptation capacity and resilience in strategic sectors (e.g. manufacturing of medical equipment, PPE, etc.).
- Demonstrate a flexible 48-hour industrial response capability for requalification or release of repurposed production lines.
- To support industry and interested parties, in particular SMEs, by providing services for design, assessment, testing and regulatory issues.
- Deliver results within 3-18 months to end-users at scale.
- Solutions should foresee their application to other industrial sectors that might be explored in future calls.

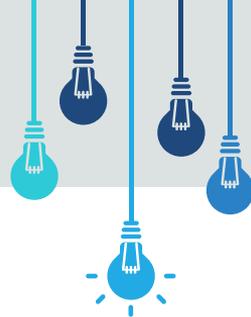
SC1-PHE-CORONAVIRUS-2A : Repurposing of manufacturing for vital medical supplies and equipment



Information additionnelles

- Addressing any manufacturer able to deliver demonstrators of a flexible 48-hour industrial response capability at scale
- Open Innovation Testbeds, laboratories, other technology infrastructures and maker communities may in particular be relevant
- Proposals are expected to foster links with relevant R&I projects and initiatives at national, European and global level in order to accelerate and maximise impact.
- Activities should start at least at TRL 6 and achieve TRL 8 at the end of the project.

SC1-PHE-CORONAVIRUS-2A : Repurposing of manufacturing for vital medical supplies and equipment



Commentaires

Très important de respecter le critère « 48-hour industrial response »

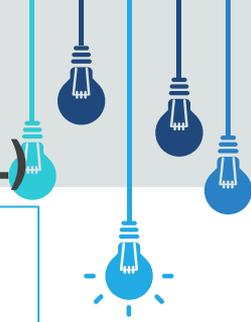
Le projet doit délivrer les résultats entre 3 à 18 mois après avoir débuté : la durée totale du projet peut être supérieure à 18 mois si nécessaire, il faudra justifier le choix dans la proposition.

La solution proposée doit être reproductible dans d'autres secteurs industriels. Il faut expliquer dans la proposition comment reproduire la technologie dans d'autres secteurs.

L'appel s'adresse à n'importe quel fabricant/industriel ou structure capable de fabriquer les biens ciblés dans l'appel, même s'il n'était pas engagé dans le secteur médical avant la crise.

Tous les produits considérés par le consortium comme « vital supplies » sont inclus dans le scope, particulièrement s'il y a eu une pénurie lors de la crise actuelle. Il faudra justifier son choix dans la proposition.

SC1-PHE-CORONAVIRUS-2B : Medical technologies, Digital tools and Artificial Intelligence (AI) analytics to improve surveillance and care at high Technology Readiness Level (TRL)

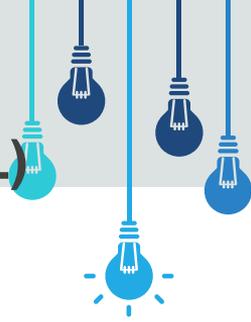


Scope

Type d'action : Innovation action
Budget par projet : 2 à 10 M€
Budget total : 56 M€
Nombre de projets financés : 5 à 20 projets

- Innovation Actions of **one of the following two categories** to:
 - 1) Support solutions that are close-to-market (TRL7); have /about to receive the CE marking to proceed to large scale testing, piloting and deployment operations in critical healthcare areas (type 1);
 - 2) Support market innovation (from lab-to-fab) for innovative solutions; have already been validated in lab environments (TRL 6-7 or higher) with the aim to help accelerate developments and achieve conformity assessment (CE marking) (type 2).

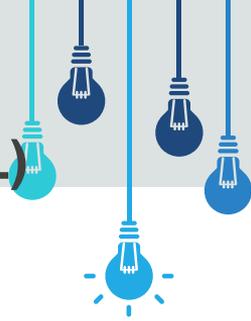
SC1-PHE-CORONAVIRUS-2B : Medical technologies, Digital tools and Artificial Intelligence (AI) analytics to improve surveillance and care at high Technology Readiness Level (TRL)



Scope

- addresses innovative technology providers, including SMEs, **and/or** organisations.
- technology providers can be either **members** of the applicant consortia or selected through **open calls** organised by the consortium using financial support to third parties.
- support offered could include access to product development, accelerator, incubator and technical services; testing and experimentation, expertise, prototyping, design, engineering or pilot manufacturing services; support for medical certification and clinical validation.
- any use of **third party grants** must result in minimal administrative burden for participants, and allow the fastest possible launch of the projects.
- competitive calls should be ready within a month of start and proceed to fast-track proposal selection and launch of the selected projects.

SC1-PHE-CORONAVIRUS-2B : Medical technologies, Digital tools and Artificial Intelligence (AI) analytics to improve surveillance and care at high Technology Readiness Level (TRL)

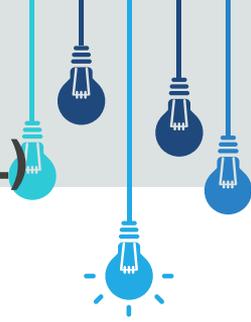


Scope

The proposals should address **one or more** of the following areas:

- a) fast, cost-effective and easily deployable sampling, screening, diagnostic and prognostic systems, including new methods for screening of lungs, using for example AI or advanced photonics solutions, to detect the presence of the pathogen related parameters especially in an early stage of infection;
- b) environmental surveillance (sewage, air, etc) systems and data analytics as a sentinel for viral (re)emergence and spread in communities, based for example on optical biosensors or genetic detection;
- c) low cost sensors, smart wearable devices and robotics/AI for telemedicine, telepresence and continuous remote monitoring of patient parameters;

SC1-PHE-CORONAVIRUS-2B : Medical technologies, Digital tools and Artificial Intelligence (AI) analytics to improve surveillance and care at high Technology Readiness Level (TRL)



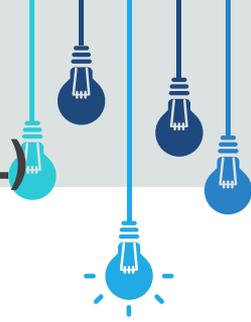
Scope

d) protection of healthcare practitioners and the general public improving for example the wetting and filtering properties of fabrics used for face masks; sensors, sterilisation, including robotics and AI solutions, for disinfection and social distancing in environments such as healthcare, public spaces and buildings;

e) innovative data-driven services and tools combining data assets from various relevant privately held and/or publicly available sources. These could include AI-based solutions exploiting such data and possibly additional sensor-based signals, for diagnostics, prevention, treatment, or rehabilitation.

Where appropriate, privacy, data protection and anonymity in the use of mobile warning and prevention applications should be ensured, ref. Commission Recommendation C(2020) 2296 of 8 April 2020.

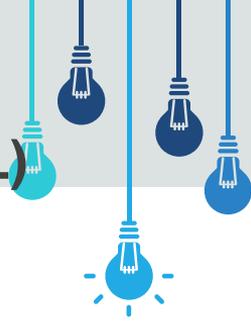
SC1-PHE-CORONAVIRUS-2B : Medical technologies, Digital tools and Artificial Intelligence (AI) analytics to improve surveillance and care at high Technology Readiness Level (TRL)



Expected Impact

- To contribute to the public health preparedness and response in the context of the ongoing epidemic of COVID-19 and to ensure the availability of critical technologies and tools.
- To contribute to the acceptability, adoption, appropriateness, feasibility, fidelity, implementation cost, coverage, and sustainability of diagnosis and clinical management of patients and survivors of COVID-19.
- To contribute to proposing recommendations for changes that would allow a fast recovery and a better preparedness, including in the health care systems, for future health emergencies.
- To accelerate the deployment & market uptake of mature health technologies for the prevention and optimised treatment of the COVID-19 disease, by delivering results within 3-24 months to end-users at scale.

SC1-PHE-CORONAVIRUS-2B : Medical technologies, Digital tools and Artificial Intelligence (AI) analytics to improve surveillance and care at high Technology Readiness Level (TRL)



Commentaires

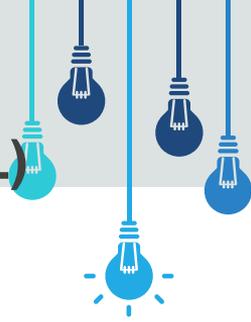
Les propositions devront préciser si elles ciblent la catégorie 1 ou la catégorie 2. Au moins un projet de chaque type sera financé.

Action d'innovation : les solutions doivent être à un TRL très élevé et proches du marché

Instrument flexible, deux types de financement possibles :

- Soutien financier à des parties tierces : consortium porté par une organisation de type « centre of excellence/innovation hub, qui va par la suite lancer un appel d'offres aux PME pour qu'elles développent les solutions. Ces centres doivent être capables de fournir un soutien aux PME.
Section spécifique dans le dossier de soumission (4.3) pour expliquer comment le soutien financier sera mis en œuvre.
→ Budget par projet jusqu'à 10M€
- Consortium qui va directement développer la technologie
→ Budget par projet de 2 à 5 M€

SC1-PHE-CORONAVIRUS-2B : Medical technologies, Digital tools and Artificial Intelligence (AI) analytics to improve surveillance and care at high Technology Readiness Level (TRL)



Commentaires

Résultats attendus du projet : Un produit ou une méthode/solution en soutien aux PME qui développent le produit.

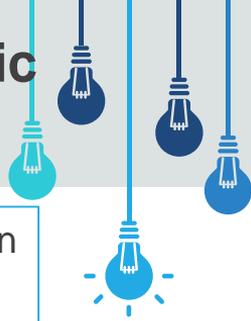
La commercialisation doit être prévue entre 3 à 24 mois après le début du projet maximum

Définition de « innovation hub » très large : tout type d'organisation capable de fournir un ensemble de services nécessaire à la commercialisation de la technologie ciblée

Le projet peut cibler une seule technologie – mais plus le projet cible de technologies plus d'impact il aura

Les coûts de certification sont éligibles

SC1-PHE-CORONAVIRUS-2C : Behavioural, social and economic impacts of the outbreak response



Type d'action : Research and Innovation Action
Budget par projet : 4 à 10 M€
Budget total : 20 M€
Nombre de projets financés : 2 à 5 projets

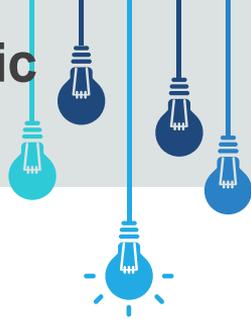
Scope

- Proposals should focus on lessons learnt:
 - how to mitigate social and economic impacts of the outbreak response related to health systems;
 - identify non-intended consequences of epidemic-control decisions; and
 - provide answers to social, including gendered, dynamics of the outbreak and the related public health response.

Proposals should analyse the effects and efficiency of these responses (including resilience factors), democratic governance, multi-level cooperation, critical gaps and various exit strategies, their underlying methodologies and regional adaptations.

Proposals are expected to develop guidelines and best 'next practices', and implement interventions to mitigate impacts and boost wellbeing.

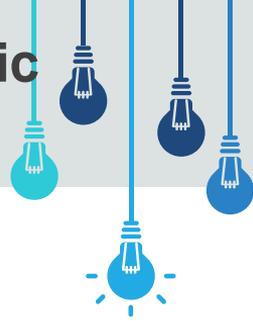
SC1-PHE-CORONAVIRUS-2C : Behavioural, social and economic impacts of the outbreak response



Scope

- Integrate multiple medical, social sciences and humanities disciplines, including anthropology, psychology, sociology, epidemiology, implementation science, journalism & communication, economics and political sciences, as well as gender studies and intersectional research, to address:
 1. **Analyse and compare outbreak responses across Europe and impacts on human behaviour and social dynamics** to develop guidance for health behavioural patterns to positively influence adherence to behavioural advice and prevent disinformation.
 2. **Mental health and health inequalities:** immediate and long-term mental health impact and potential exacerbation of health inequalities affecting:
 - frontline healthcare workers, taking into account ethical challenges, suboptimal working conditions and traumatic stress.
 - In addition, proposals could focus on mental health and health inequalities impacts for vulnerable groups

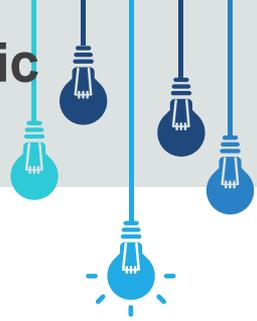
SC1-PHE-CORONAVIRUS-2C : Behavioural, social and economic impacts of the outbreak response



Expected Impacts

- Improve the resilience, wellbeing and mental health of the population, frontline workers and, in particular, of the most vulnerable groups and mitigate health inequalities;
- Better understanding of impact, effectiveness, the public health preparedness and responses;
- Assess social, economic and political impacts of the outbreak and its responses; propose evidence-based policy measures to improve industry's and society's adaptation capacity and resilience;
- Contribute to a holistic public health preparedness and response
- Provide guidance for further public health interventions, and to support implementation of actions to; mitigate or manage consequences of current policies, and to better tailor future pandemic management strategies

SC1-PHE-CORONAVIRUS-2C : Behavioural, social and economic impacts of the outbreak response



Commentaires

Les résultats du projet doivent être délivrés entre 3 et 36 mois maximum.

Chaque projet doit couvrir, au maximum, l'ensemble des aspects cités dans le texte, en fonction du budget demandé. Un projet de 4M€ peut sélectionner certains aspects

Un projet de 10M€ doit couvrir tous les domaines, inclure des partenaires de plusieurs disciplines et de délivrer des résultats représentatifs de l'ensemble des Etats-Membres et associés.

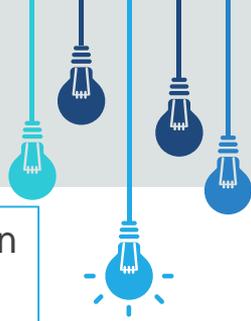
Les projets financés dans ce topic devront collaborer ensemble : **prévoir un budget dédié pour des activités de coordination entre projets.**

Consortium : possible d'intégrer des hôpitaux et des autorités nationales (pas de prescription spécifique)

Pas d'obligation de coopération public/privé au sein du consortium

Les adolescents en tant que tels ne sont pas considérés comme groupe vulnérable – à justifier comme groupe vulnérable dans la proposition si statut socio-économique spécifique par exemple.

SC1-PHE-CORONAVIRUS-2D : Pan-European Covid-19 Cohorts



Scope

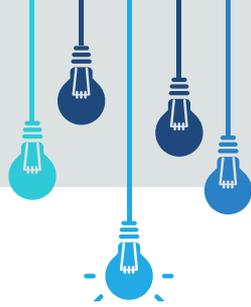
Type d'action : Research and Innovation Action
Budget par projet : 15 à 20 M€
Budget total : 20 M€
Nombre de projets financés : 1 à 2 projets

- Establish new and/or build on existing large-scale cohorts to rapidly advance the knowledge on the control of the SARS-CoV-2 infection, develop evidence-based recommendations for effective prevention of the spreading, protection of the population in the coming months/years, and optimized treatment of the COVID-19 patients. They should also inform on longer-term consequences.
- The population-based COVID-19 cohort should include non-infected and infected individuals; should be large enough to provide valid and reliable evidence and robust recommendations, and be suitable for the conduct of retrospective and prospective studies.

Should include both sexes, all ages, all conditions, all clinical outcomes, and a large spectrum of different clinical management practices and treatments.

Inclusion of SARS-CoV-2-negative individuals should enable a prospective follow up and an analysis of vaccination response when vaccines will be available.

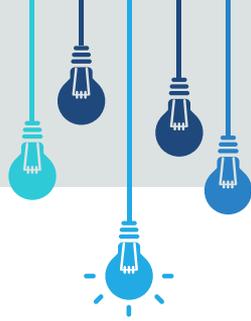
SC1-PHE-CORONAVIRUS-2D : Pan-European Covid-19 Cohorts



Scope

1. The population-based cohort should allow to rapidly identify what risk and protective factors influence the susceptibility to infection, clinical manifestation, therapeutic response and clinical outcome in order to deliver evidence-based recommendations on the best strategies to control the spread of the virus and to protect the entire population.
2. It should allow to identify the most successful clinical management options and treatments since the start of the outbreak, from primary infection up to post-recovery multidisciplinary rehabilitation. It should take stock of the evidence produced by large-scale studies and/or local practices in order to develop recommendations for optimized treatment and management of future patients.
3. It should also assess short/medium/long-term impact of COVID-19 and the varying mitigating national/regional measures on health, well-being and socio-economic factors of individuals.

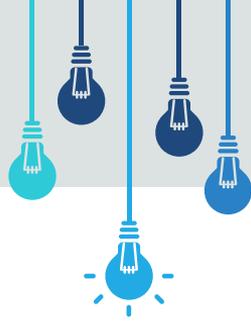
SC1-PHE-CORONAVIRUS-2D : Pan-European Covid-19 Cohorts



Expected Impact

- In the short-term, to provide robust evidence on the best strategies for the control the SARS-CoV-2 spread and the protection of the population, as well as the optimized clinical management and treatment of COVID-19 patients.
- In the medium/long-term, to evaluate the impact of vaccination and provide robust evidence on best vaccine options and strategies.
- In the short/long-term, to assess the impact of COVID-19 on health and its effects on socio-economic features of individuals and propose recommendations for the optimal management of future outbreak.

SC1-PHE-CORONAVIRUS-2D : Pan-European Covid-19 Cohorts



Commentaires

Durée du projet :

- Le « short-term impact » doit être atteint maximum deux ans après le début du projet
- Les impacts « mid-term » et « long-term » seront plus longs à atteindre (étude de la vaccination par exemple), c'est au consortium de choisir la durée totale du projet

Le projet devra couvrir dans la mesure du possible les 3 aspects décrits dans le texte de l'appel (un projet ne couvrant pas les 3 aspects pourra avoir une évaluation moins bonne)

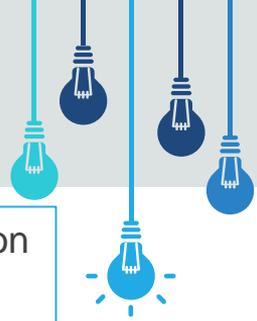
La cohorte doit couvrir une zone géographique très large en Europe et dans d'autres parties du monde

Une attention spéciale doit être donnée à l'harmonisation de la collecte des données et la standardisation des protocoles

La collaboration avec les Etats-Membres et Associés ainsi qu'une collaboration internationale est fortement encouragée

Les enfants peuvent être inclus dans les cohortes

SC1-PHE-CORONAVIRUS-2E : Networking of existing EU and international cohorts of relevance to Covid-19



Specific Challenge

Type d'action : Coordination and Support Action

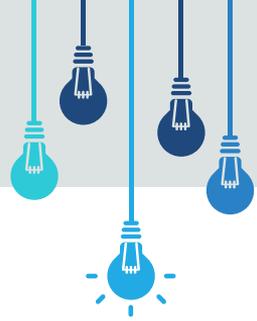
Budget par projet : 2 à 3 M€

Budget total : 3 M€

Nombre de projets financés : 1 projet

- Several large-scale cohorts are supported in Europe and the world with valuable information on health of individuals and various factors that might be associated to the perturbation of health. Such existing cohorts might provide key information relevant to COVID-19, including on risk factors, benefits and risks of healthcare interventions, incl. medicines, and on the impact of vaccination. However, the challenge is to be able to identify and extract a sufficiently high number of cases with corresponding high-quality data that can be used across the different cohorts. Consequently, existing cohorts should be brought together in a common effort to standardise data associated to COVID-19 and extract information that will help ensuring optimal prevention, protection and treatment of citizens.

SC1-PHE-CORONAVIRUS-2E : Networking of existing EU and international cohorts of relevance to Covid-19

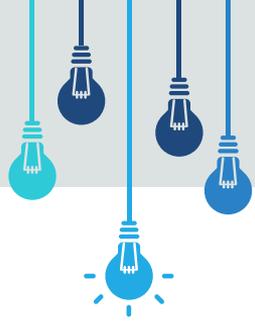


Scope

- Support international networking of existing, mainly longitudinal, cohorts in order to extract jointly agreed standardized data on COVID-19 diagnosed/serotyped and matched non-infected individuals.
- Contribute to:
 - Identifying key factors influencing the susceptibility to infection and clinical manifestation,
 - assess optimized therapeutic and clinical management options,
 - derive lessons on the health and socio-economic impacts of the pandemic.
- Develop cohort readiness to adapt rapidly to future crisis.

Proposals should consider strategies to interact with the COVID-19 cohort(s) that will be funded under this expression of interest and international initiatives on cohorts, as well as liaising with the network of clinical trials on COVID-19.

SC1-PHE-CORONAVIRUS-2E : Networking of existing EU and international cohorts of relevance to Covid-19

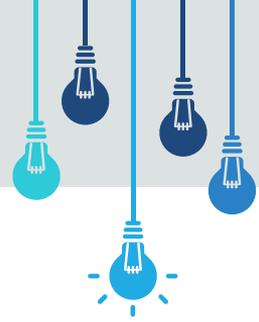


Expected Impacts

Expected impact

- Pooling of data from multiple existing cohorts that will inform on key aspects related to COVID-19
- Provide evidence-based recommendations for health policies in preventive strategies, protective actions, and disease management.
- Create a cohort framework to rapidly address pandemics in the future.

SC1-PHE-CORONAVIRUS-2E : Networking of existing EU and international cohorts of relevance to Covid-19



Commentaires

Un seul projet financé

Le projet doit concerner uniquement des cohortes déjà existantes et montrer un lien fort et une réelle collaboration de haut niveau entre les différentes cohortes.

« Large scale » : pas de définition précise, c'est au consortium de décider la taille des cohortes pour atteindre l'impact attendu

Durée du projet : Jusqu'à 3 ans – Peut être plus long, mais le consortium devra justifier la durée choisie dans sa proposition

Important d'inclure également des cohortes non européennes (intérêt biologique pour les variations génétique mais également stratégique pour la collaboration à l'échelle globale)